									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003								<u> </u>	NR+499				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OA		R THAN ENTITY	
TOTAL CLAIMS			12			<u> </u>		RATE	FEE	7	RATE	FEE.	
FOR			NUMBE	NUMBER FILED		BER EXTRA		BASIC FE	E 385.0	OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			12 1	ninus 20=	. 60			X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	3. 1	ninus 3 =	0	• •		X43=	1	OR	X86=	<u> </u>		
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=	 	7	+290=	 	
• }	the difference	e in column 1 is	lèss than zero, enter "0" in column 2						385	JOR		ļ	
. / CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	JOR		THAN	
	η_{ll}	(Column 1)	(Column 2) (Column 3)				_	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT'A	1	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	1/2 200	Minus	- 7	20	=		X\$ 9=		OR	X\$18=		
	Independent	. 3	Minus	<u> </u>	3	=		X43=		OR	X86≥		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		' T	+145=		OF	-1290=		
							L	TOTAL			TOTAL		
•	•	(Column 1)		(Colum	n 2)	(Column 3)	A	DOIT. FEE	<u> </u>	.	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	•	a	lΓ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		-		X43=		OR	X86≖		
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	LAIM			+145=		OR	+290=		
							AC	TOTAL		OR ,	TOTAL		
		(Column 1)		(Column	1 2)	(Column 3)	-						
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ,	•	Minus	**		e .		X\$ 9=		OR	X\$18=	- T.	
	Independent		Minus	***		•		X43=			X86=	-	
`	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT C	LAIM					OR		-	
• H:	the entry in colum	nn 1 is less than the	ntry in colu	ma 2, write 10	Fin côtu	mn 3	Ľ	145=		OR L	+290=		
# #	the "Highest Num the "Highest Num	nber Previously Pain nber Previously Pain per Previously Paid	For IN THIS	S SPACE is le	ess than	20, enter "20." 3, enter "3."		OIT. FEE			TOTAL DOIT, FEE TIM 1.		